



A Future of Possibilities for Health, Indian Health, and Indian Health Leaders

by Tony Kendrick

“Good morning, Mr. President, the tribal delegations will be here this afternoon to discuss the proposed budget and the block grants to tribes,” said the Secretary for the Department of Indian Trust. “Also on the agenda is their proposal for the Indian Health Service budget and request for additional employee support.”

The above scenario is only one of the futures that were envisioned during a training session of 37 Indian Health Service managers and supervisors, doctors and nurses, and tribal and urban health representatives. The purpose of the training was to consider current issues, trends, and developments to envision possible futures for the Indian health system, to share ideas about the future, consider the challenges that will face future leaders, define characteristics and qualifications future leaders will need, and determine what actions can be taken to support leadership development. This article summarizes some of the ideas that came out of the training. It is also meant to provide insight of how leadership and the future is viewed by current leaders and managers. The information in this article may be useful for planning and making career decisions regarding performance, education, assignments and job experience for those who desire to assume a leadership role.

The leadership of the Indian Health Service has considered options for preparing the Indian health system for the leaders of the future. One of the roles for today’s leaders is preparing others to replace them or to support those who will fill the future new positions in an organization that is evolving.

An exercise that helped in the process of envisioning a future was for each individual to write a letter to a

grandchild. The content of the letter was to describe the legacy they left for a grandchild or a grandchild not yet born.

Challenges

In almost every discussion there was a sense that budget levels will continue to decline. It was noted that a stable budget is a declining budget because of increasing costs to pay for services, maintenance, construction, and personnel. The leadership challenge of

how to provide these services with a declining federal budget to an increasing American Indian and Alaska Native population appeared to be a major consideration for envisioning futures for the Indian health system and its leaders. Another theme that predominated in considering the future was that there would be increased tribal control of federal programs.

Health Delivery Systems

The options resulting from various brainstorming sessions and discussion were varied. A future option discussed was that the tribes would establish and operate an Indian Health Maintenance Organization (HMO). Another aspect is that the Indian Health Service would be one of many referral agencies for the Indian HMO. A source of revenue for the Indian HMO would be to accept fee paying non-Indian clients.

Another future possibility that was considered is the creation of a cabinet level Department of Indian Trust. It would bring together all Indian programs and allow for closer coordination with other departments on issues, programs, or decisions that impact Indian people. A variation of the cabinet level concept is an independent agency similar to the U.S.

The Future Indian Health Care System

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The Indian health care system for American Indians and Alaska Natives is comprised of three elements: the Indian Health Service (IHS) programs, tribally operated health care facilities, and urban health care services. The Indian health system faces a future of increased demand for urban programs and services, increased tribal administration and operation of health care programs, and increased reliance on information systems and technology, such as telemedicine. I foresee a substantial increase in the

direct delivery of health services to American Indians and Alaska Natives by tribal health programs, and a reciprocal decrease in the direct delivery of direct health services by the Indian Health Service. I expect the level of environmental, community, and public health programs to increase; however, the Indian Health Service may very well evolve into a model system of support to tribes and programs directed toward providing health services to American Indian and Alaska Native people. It is

possible that the Indian Health Service will move into providing direct health services from regional specialty referral hospitals and referral centers. A specialty center for cardiac care currently exists; there is a cardiac program in Tucson with the University of Arizona Medical School for American Indians and Alaska Natives that serves Indian people of the Southwest. Similar specialty centers for neurology, orthopaedic, pediatric, and rehabilitation may become established Indian Health Service referral centers in conjunction with other specialty centers. I also anticipate further expansion of Indian urban programs and services, and their increased collaboration with other health care systems in metropolitan areas.

Management of Health Programs by Indian Tribes

I expect tribes to use a variety of programs to care for their people. It is certainly possible that a number of Tribal Health Maintenance Organization programs will evolve. Health promotion and disease prevention activities and personal accountability will take on increased importance in whatever health care system and organization comes to be.

Direct Health Care Services

Indian Health Service facilities will remain in those areas where tribes elect to have direct federal health care services. These facilities will, however, increase their technological ability to conduct consultation, patient diagnosis, and specialty medical procedures through various forms of telemedicine. These health specialty centers could provide culturally relevant health services for all American Indians and Alaska Native patients without regard to reservation or tribal affiliation. Reservation based health services can be assumed by the tribes, urban based services will continue, and Indian Health Service specialty medical centers will support both. The method of delivery of health care will change in the future Indian Health Service, but the U.S. government's commitment to providing health care for eligible American Indians and Alaska Natives will remain constant.

August 1996

Postal Service, wherein the Indian Health Service is the federal component of a larger organization that is unfettered by federal regulations and could engage in business practices for the benefit of Indian health and programs. Still another possible future is the establishment of an Indian Nations organization similar to the United Nations; possibly an expansion of the National Congress of American Indians to a National Congress of Indian Nations.

Partnership Possibilities

The concepts considered for the role of the Indian Health Service in a future predominated and defined by tribal priorities were advocacy, budget development, and liaison between tribes and the Department. As a cost savings measure, tribes would continue to employ federal employees in tribal programs through Intergovernmental Personnel Agreements or

Memorandum of Agreements. Employees hired to work in tribal, and possibly urban programs, would be selected by the tribal or urban program where the work would be performed. There would be a limited number of Indian Health Service positions needed to carry out residual federal functions, and tribal representatives would be included in the selection process.

The Director of the Indian Health Service will continue to be a Presidential appointee, an American Indian or Alaska Native, and tribes will be involved in the nomination process. However, the particular discipline of a future Director would not necessarily have to be in the medical field.

Regionalizing tribal and urban health centers might be a possibility, along with an Indian Health Service support component. The primary role

of the Indian Health Service in a regional center would be one of support for local health programs, whether federal, tribal, or urban. Significant in this concept is that the Indian Health Service is a part, not the only part, of a tribal regional center for Indian health. The center is an opportunity for tribes and urban programs to leverage their resources. The center provides technical assistance to Indian health programs and also advocates for resources with federal agencies and programs, state government, private foundations, and even other countries. The overriding focus is meeting the health needs of Indian people through a combination of resources. The Indian Health Service component of the regional center would provide residual federal function support to tribal and urban programs.

The Indian Health Service would also provide services selected and funded by urban, tribal, and federal components of the health system. Some of those services, which would be costly if each health program had to duplicate the service, might be an overall facilities maintenance program, environmental health support, payroll, personnel and administrative services, collections, etc. This regional concept supports a move to establish an independent agency like the U.S. Postal Service. If the tribal and urban regional centers are not co-located with the Indian Health Service Area Office there would still be possibilities for providing federal support, and representation, at the tribal-urban regional centers.

Future Leaders

There was considerable discussion regarding the characteristics a future leader in Indian health should have. To be an effective leader the individual would need to be a diplomat, well mannered, respectful, and project a healthy image. They must possess an education or experience level that reflects an intellect for a wide range of issues and a curiosity for gaining new knowledge. Communication skills were considered critical, to the extent of being characterized as "must be a

Future Medicine

The Au-T-M and the future of health care

by Thomas S. Nighswander, M.D., MPH

published in U.S. Medicine, August 1996

Step up to the Automated Tele-Medicine (Au-T-M) screen on your home computer or sidewalk kiosk (with personal sound and sight privacy). Insert your personal health card. Select your symptoms from a touch screen menu. Insert your finger in the sensor. In a matter of seconds you will receive the most likely diagnosis, a suggested treatment plan, what to expect from treatment, the predicted course of your illness, the prescription medication or prescription form, or a referral to a health clinic or Au-T-M health facility. Au-T-M will even make an appointment with a health provider for personal attention.

Far fetched? Not at all. Some of this is all ready on-line. All of it is in the development phase. In 50 years from now, or less, I predict the days of going to the doctor's office for routine illnesses will go the way of vinyl records, selectric typewriters, and the slide rule.

The Au-T-M system will have an impressive patient data set for each individual. It will contain a person's complete health history such as current medications, allergies, lifestyle information and health goals. To preserve confidentiality and privacy, all health information will be on a personal identification card that the individual keeps. The Au-T-M process will start only when the person inserts their card into the Au-T-M machine.

For health problems that require more than an electronic evaluation of symptoms and a sensory probe, the Au-T-M is still the preferred screening method. Your home Au-T-M, or community Au-T-M facility, will allow audiovisual interaction with a health care provider. The provider will direct the person in the use of additional sensing devices that will allow the provider to listen to your heart, lungs, bowel, and other sounds; look into your mouth, nose, ears, or at other parts of the body; feel resistance to pressure to evaluate sensitivity and motor responses; and to electronically interpret smells and tastes. The audiovisual interaction will provide most of the information that is exchanged in a doctors office.

How much will the Au-T-M system be used? To the extent the public can set aside their technophobia, it will have wide use. As long as waiting times to see a health provider remain long and there is pressure to drive down health care costs, the interest in a faster, cost effective, and customer convenient health system will continue. Like the popularity of financial ATM machines that allow banking at all hours, the medical Au-T-M system will allow health services to be provided at all hours and without the patient having to wait.

Diseases and Methods: Technology is depended upon to solve many problems, including medical ones. Having just attended the 25th reunion of my medical class

great communicator." As part of communicating, the individual must have marketing skills and be able to persuasively articulate issues or positions. They also must be able to relate well to a diverse population and workforce. Getting along with others is crucial for carrying out the advocacy role for Indian health. Leaders for Indian health must be creative and have an ability to envision a future. They must have a sense of humor, possess wisdom, have outside interests, and have integrity, fortitude, and, when necessary, the guts to take a position and defend it.

In addition to leadership characteristics, those attending the training also identified individual competencies that are needed by a future leader: negotiating skills, fiscal management knowledge and experience, experience with managed health care, knowledge of the federal system, knowledge of public health, and some health care experience. Other competencies that would increase the competitive position of an individual for positions of leadership include fund raising, grant writing, networking ability, public relations skills, and a knowledge of government, private, and industry funding sources. Personal qualities for leadership in Indian health include cultural sensitivity, flexibility, patience, creativity, and loyalty to the organization.

Leadership Development

A leader for Indian health must also *want* to be a leader for Indian health. There is no way of identifying future leaders, only those who appear to have the characteristics of a leader. A future leader results from self-selection. Self-selection takes many forms, but usually it shows up in an individual's performance. Once someone makes leadership in their field a personal career goal, they must begin to manage their career. They need to position themselves to qualify for selection to training programs, positions, special assignments, and leadership development programs.

To increase the opportunities for leadership, a person needs to identify current positions they prefer to consider as a future option and examine the qualifications of the person that now occupies the position. Should an individual career goal be to become the Director of the Indian Health Service, the individual must look at the career and qualifications of those who have held that position -- and the environment of the time in which they served. For example, Dr. Trujillo was appointed by the President to the position of Director and among his qualifications is that he has a medical degree, field assignments as a physician, and a progression of assignments of increasing responsibility in managing health programs leading to being a Chief Medical Officer for an Area. These are only some of his qualifications and experience, what is not on a resume is an individual's personal leadership qualities and vision. A future Director may not be a physician but could be a health administrator with similar assignments; field, hospital, headquarters, Area Director, for

made me pause and think about the changes that have happened in just a short time. Legionnaires disease was yet to occur. The human immunodeficiency virus would not surface for another ten years. The idea that much of ulcer disease may have an infectious etiology would have been blasphemy. The emergence of drug resistant tuberculosis and some of our standard infectious agents was just a possibility. Who could have imagined the complete mapping of the human genome in this century, widely available magnetic resonance imaging, laser and laproscopic surgery? The increased accuracy of laboratory analysis is way ahead of where we imagined standards would be, and it is certainly way ahead of where we thought it would be -- in the home. The advances in home laboratory testing will go a long way to help patients adjust to an Au-T-M health system. All this was beyond the imagination and technology of just 25 years ago.

There is no doubt that the future holds new diseases that are undiscovered and evolving, and there will also be new difficulties treating disease that we now successfully manage. The synergism between technology and human health will lead to wonders not yet conceived and beyond our imagination. What can be imagined is possible, our only limitation is our imagination.

Behavior and Health: Forty percent is the figure used to describe the amount of illness and death that is directly related to the results of personal behavior. Regardless of the advanced technology that will be brought into the health arena, it will never completely compensate for bad health habits. Whether it is smoking, drinking, driving too fast, or what and how we eat, those behaviors and others have very predictable and numbered probabilities for adverse health outcomes. Behavior will continue to have a greater and greater impact on health. New technology will help people achieve their personal health goals only when combined with an individual commitment to healthy lifestyle and behaviors.

Medicine is not only technology and an Au-T-M health system. Medicine is a system of caring. There is so much that we can do to take care of ourselves in the privacy of our home, but we must not lose the human touch. Referring to a technological health assistant as Dorothy's favorite aunt helps, but it still keeps Auntie Em in the crystal ball. Sometimes the best medicine is having someone there with you. An audio-visual representation of a health care provider or a sensory probe cannot convey compassion, concern, and caring.

example. It is unlikely that, for example, a career spent entirely in one location would be as competitive for senior leadership roles outside of that location or specialty.

Selecting one possible future eliminates other futures. For example, while not outside the realm of possibility, selecting a career path to become a lawyer would eliminate a future where the individual would become the director of health programs, the head of an urban health program, an engineer, or a nurse. Choices for leadership roles and career should include infrastructure positions of support in the health industry and the Indian Health Service.

Future leaders are not just in the Indian health field. Leaders for Indian health are within all areas of government, academia, business, international affairs, tribal government, and Indian organizations, to name a few. The idea of developing future leaders should be shared with organizations outside of the Indian Health Service to gain their support, ideas, guidance, and participation.

Commitment of Support

Those choosing a leadership role can be supported by the Indian Health Service in a variety of ways. An employee exchange program between Indian Health Service, tribal, and urban programs is a possibility worth exploring. A detail or temporary rotational assignment in the office of a current leader or supervisor is a way to help an individual make the choices necessary to become a future leader. Supporting local community schools is a program many government agencies participate in. Support is provided by

employees serving as guest speakers or instructors and can participate in school career day events. Some employees teach remedial classes after hours on computer skills, English, math, science, and get involved in school activities.

This program is an excellent way to role model for students and present future career considerations for them.

In addition, there is a commitment for various training options that match employee performance and career goals with training opportunities. An area for exploration is establishing a training relationship with universities and colleges - particularly tribal community colleges. The colleges would develop leadership curriculums that support the Indian health vision of the future and provide the educational basis for leadership.

The commitment to leadership also extends to encouraging current managers and supervisors to conduct a self-assessment of their commitment to developing future leaders and their commitment to assisting in the development of a corporate culture than values employee growth and development. There was general agreement that the hardest part of developing leaders is to let the best people go on developmental assignments.

The future Indian health system is the legacy that is made each day. Write a letter to your grandchildren, telling them what you did today for Indian health that made their world better. Make them proud of you.

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